

DEPARTMENT OF COMMUNITY DEVELOPMENT
CITY OF MADISON

PERMIT NO. _____

PROJECT NO. _____

AMOUNT _____

CASH() OR CHECK# _____

APPLICATION FOR BUILDING PERMIT

Application is hereby made to the Chief Building Official of the City of Madison for the approval of plans, herewith submitted, for the erection of the building herein described. All provisions of the Building Laws and Zone Ordinances shall be complied with in the erection of said building, or buildings, whether specified herein or not.

LOCATION	BUILDING ADDRESS: _____
	Verified By: _____
	LEGAL DESCRIPTION: Lot _____ Block _____ Subdivision _____
CLASS OF WORK	<input type="checkbox"/> New Construction <input type="checkbox"/> Addition <input type="checkbox"/> Alterations <input type="checkbox"/> Repair
	TYPE OF CONSTRUCTION: (check one) <input type="checkbox"/> Type VIU <input type="checkbox"/> Other _____
	<input type="checkbox"/> Business <input type="checkbox"/> Factory <input type="checkbox"/> S-1 Storage <input type="checkbox"/> S-2 Storage <input type="checkbox"/> Residential <input type="checkbox"/> Mercantile <input type="checkbox"/> Institutional <input type="checkbox"/> Hazardous
	<input type="checkbox"/> Residential 1 <input type="checkbox"/> Residential 2 <input type="checkbox"/> Residential 3 <input type="checkbox"/> Residential 4 Sprinkled <input type="checkbox"/> Yes <input type="checkbox"/> No
	SIZE OF BULDING: Feet Front _____ Feet Depth _____ 1st Floor Area, Htd. (Sq. Ft.) _____
	No. of Rooms _____ No.of Stories _____ No.of Baths _____ 2nd Floor Area, Htd. (Sq. Ft.) _____
	Height _____ Basement Heated Area (Sq.Ft.) _____
	Building Height is measured from grade to mean height level between eaves and top of ridge Total Heated Area (Sq. Ft.) _____
	Basement, Unheated Sq Ft. _____
	Unheated Porches & Garage Area. _____
	Total Unheated Area _____
	Total Square Feet _____
	TYPE OF HEAT: <input type="checkbox"/> Gas Forced Air <input type="checkbox"/> Electric Heat Pump <input type="checkbox"/> Other Specify _____
	COST OF ALTERATIONS, ADDITIONS, OR VALUE OF NEW STRUCTURE _____
ZONING INFORMATION	ZONING DATA:
	Zoning District: _____ SIZE OF LOT: _____ Well Head Protection <input type="checkbox"/> Zone I <input type="checkbox"/> Zone II <input type="checkbox"/> Hazardous (Yes/No)
	Flood Hazard District proposed new construction, addition, alternation, or repair is located in <input type="checkbox"/> A, <input type="checkbox"/> AE, <input type="checkbox"/> X shaded, <input type="checkbox"/> X unshaded Permit To Develop in a Special Flood Hazard Area Required Yes or No (to be completed by the City Administrator)
	NAME OF OWNER _____
	PRESENT ADDRESS _____ PHONE _____
PLANS DRAWN BY	NAME _____ <input type="checkbox"/> Architect <input type="checkbox"/> Other <input type="checkbox"/> Engineer
	ADDRESS _____ PHONE _____ State of Alabama Registration No. _____
HOW CONSTRUCTE	<input type="checkbox"/> OWNER BUILDING PERSONAL DWELLING _____
	<input type="checkbox"/> BY CONTRACTOR (Madison License No.) _____
	NAME _____
	ADDRESS _____
	PHONE _____ State of Alabama Registration No. _____
<p>I hereby acknowledge that I have read this application and state that the above information is true and correct and agree to comply with all City Ordinances and State Laws regarding building construction.</p> <p>I certify that I have located by actual excavation the City Sewer that will serve the building for which this permit is issued and I certify that the floor Elevation of the building and the elevation of the building sewer are planned so as to provide proper slope in the sewer connection to the City Sanitary Sewer.</p> <p>As a builder, I hereby agree to protect all public improvements and public utilities adjacent to or serving the property on which the structure or structures covered in this building permit are located, whether or not the said improvements or utilities are the property of the City of Madison. I Further agree to make or cause to have made repairs, satisfactory to the City of Madison, to any damage to these public improvements or utilities resulting from the actions, misuse, or lack of care on the part of any of my employees, agents, subcontractors, or suppliers of materials of said public improvements or utilities.</p> <p>Date _____ Signature _____</p> <p style="text-align: center;">Owner or Authorized Agent</p> <p>Reviewed _____ / _____</p> <p>Not Approved, See Comments Chief Building Official Zoning Administrator <input type="checkbox"/> See Back <input type="checkbox"/> See Back</p>	